

Western MRS Meeting Notes
July 28, 2006
Buncombe County Library

Counties Present: Avery, Buncombe, Burke, Catawba, Cherokee, Cleveland, Henderson, Jackson, Lincoln, Mitchell, Rutherford, Swain, Transylvania, Yancey

Introduction

News – Announcements

MRS Institute

Defining

Shared Parenting

CFT

Collaboration w/ Law Enforcement and Work First

Announcements

- Registration for MRS learning institute is due by today but if there is room they could take some (possibly early next week).

September Meetings (none in August because of Institute)

- Central Sept 21st Chatham
- Eastern Sept 22 Franklin
- Western Sept 27th AB Tech.

Defining

Shared Parenting

- What do we think meets the requirements of a Shared Parenting Meeting?
Think this will take several months to define, but what do we need to see in the record to see that it was in fact a meeting?
- One county here just had their worker come back from the training and they figured out that they were not doing it quite right – that they were too informal. They want to make sure they are doing what they are supposed to and also being flexible but still establishing boundaries.
 - Patrick wanted to make sure that people understood that Shared Parenting meetings do not have to be a truly formal meeting, like CFT, and P-PAT. The documentation needs to be formalized, but the meeting itself can be informal and comfortable. The preparation should be planned and maybe the social worker needs to have some items to make sure that are covered.
 - You may want to consider not having the children at the first one, depending on the situation. You want a child to see the two sets of parents getting along so that they know they can't pull anything and also that it is ok to care about these other parents. Because you aren't sure how the first meeting will go, you might not want the kids there at the very beginning until you get a sense of how it will go. If it goes badly, that might make it harder for the children.
- How do we feel about having the first meeting within 7 days?

- This group did not see this as a problem (for the few that have done them).
- Nash county – feels very strongly about not having an extension on the time frame, she thinks this will be bad for children because they will go more than a week without knowing what is going on, the foster parents won't know how best to deal with this child, and biological parents don't know where their kids are. They do all their meetings at time of placement.
 - Think successful meetings at placement depends on the skill of the foster parent especially if the biological parents are hostile.
 - Some of the counties here felt that the birth parents would be too emotional and upset at placement but some of the counties that do it then have said that actually the foster parents calm the birth parents down and deflect their anger from the social worker who took their child to the interests of the child while they are in care.
- What would documentation look like? What happened? How would you know that what happened was a Shared Parenting meeting? (Shared this from last 2 meetings.)
 - Discussion of how rapport is developing between Foster Parents and Biological Parents.
 - See some information that the meeting was child centered, what are the routines of the child, health issues (allergies), favorite things, fears.
 - Medicaid card if applicable, information on medication.
 - Descriptive concerning attitudes of both biological and foster parents, dynamics of the meetings.
 - Discussion of how they will handle phone calls, doctor appointments etc. Would like to have discussed any appointments already scheduled, how to handle any that come up. Schedule day and time to call.
 - Discipline techniques
 - School information – areas they may need help in
 - Culture and religion
 - Who does the child (or birth parents) consider family?
 - Plan for surprise contact (at the Wal-Mart etc.)
 - Need to get parental health information because sometimes by the time you get to TPR the parents are gone. The only paperwork the state has at this point says “adoption” and you don't want to freak out the parents at first.
 - Some counties have just covered up the word adoption and use those forms.
 - Patrick suggested not waiting to get this information until the children are in Foster Care. Often the CPS workers have a sense of how a particular case will end up, and they can be collecting this information all along. And stress to CPS workers that they have to write all this down so it will be there for the Foster Care workers. Think about the end at the beginning.
- How do you (or will you) document this?
 - In regular documentation.

- No one here has a stand alone form.
 - Does the concept of a stand alone form (a one page sheet) with some bullets and leaves blank space to add things in, make sense?
- What is the least you are comfortable with having done? We need to make sure that parents are giving information. Sometimes each type of parents are reluctant and there are other issues.
 - Medical issues
 - What is their comfort routine? When they wake up scared, what should you do?
 - Cultural and religious issues.
- What is best practice?
 - Policy says 7 days, but best practice would be within 24 hours.
 - Minimum have *someone* from birth family and foster family as well as agency representative. (Some counties use the licensing person to facilitate since they will have a good relationship with the foster parents.)
 - Show that it was a more intimate meeting, not a formal meeting, like a CFT will be. This is more in depth, personal. Also important to be culturally sensitive since often the 2 parents are from different cultural backgrounds. The birth parents might not think to ask about foster parents cultural habits, but the social worker can do that. Social worker needs to be able to jump start the dialog?
 - Discuss religion if applicable.
- Who should be at the Shared Parenting meetings?
 - Foster Parents, Biological Parents, Social Workers.
 - Extended family members. Use judgment on a case by case basis. You are trying to build the relationship between the foster parents and biological parents, and extended biological family may make the situation uncomfortable for either the foster, biological parents or both.
- What do you do if you have a non English speaking parent? Do you ask them to bring their own translator, or does the DSS provide someone?
 - Need to make sure you are complying with your agency policy with that.
 - If the family does bring their own and you want to let them do that, you could have the agency interpreter there also to make sure that interpretation is being done correctly.
- Some foster parents still reluctant to do this and because of shortage of foster parents counties can't say it is a mandatory requirement.
 - The challenge is to make the foster parents see benefit of the meetings to them.
 - Have foster parents that have had success talk to the other foster parents.
 - Always remember that if there are safety issues, you do not have to have the meeting. However, you must document this, not "SW did not feel it was safe" but why did they not feel it was safe??
- Some of the counties have had a lot of success with the foster parents mentoring the biological parents. The biological parents often respect and can identify with the foster parents more than the DSS workers. DSS is "bad" they took my child, but the foster parent cares for my child and knows them.

- Some counties even have had situations where a biological parents had several children taken away, and adopted by the foster parents. She got pregnant again, and called the foster/adoptive parent. She figured DSS would take this child too and wanted the foster/adoptive parents to have this child as well.
- Several other circumstances where biological parents have given up their children to foster parents that they know and have a good relationship.

Child & Family Teams

- If you are reading a record and there is a CFT mentioned, what would you want to see?
 - Want to see it was labeled a CFT
 - Who was there and who were they? Aunt, Work First Worker, Someone suggested a Mental Health person. There is so much happening with Mental Health now, that it is always nice to have them available. Also a Work First person (see WF collaboration section)
 - When and where held.
 - If it's a high risk case – a facilitator
 - Case plan that was developed (and that it was discussed, not just presented to the family.) Would want to see ideas from parents and their supports. If those are not ideas that were incorporated into the plan, why their ideas would not work. CFSR really looks at that as well as the Feds.
 - Some folks have a stand alone form.
 - Referral forms to other services
 - Service providers coming to explain their services to the family (may be ones that the family hasn't been referred to yet.)
 - If specific people are going to do specific things, who is doing what? (Can put this in the case plan.) Have everyone who is on the plan and has agreed to do something, sign the plan.
 - Since you can update your case plan 3 times, one of the CPRs has suggested that they just use different color ink and make updates on the original.
- Best Practice
 - Referral forms
 - Facilitator in all cases, not just when required by policy. (This allows the social worker to just be the social worker during the meeting and not worry about getting the notes down, etc.)
 - Contact form – if one of the things that comes out is to talk to some professional (therapist) they will leave with contact information for that person.
 - More family than professional staff
 - Involvement of children – one county has something that children can fill out with things they want to say.
 - Family Advocates – if the family does not have someone that they want to be there, one of the larger county has identified some community advocates that do not work with DSS. They have the list by

- zip codes, so it is someone who is in the family's community that can speak for them and can possibly turn into a support.
 - Matching case plans if family also involved with Work First.
- Child involvement?
 - They will say things that will affect the parent more if their own child is telling them that they need to deal with their issues. Particularly with younger children who just say whatever they want.
 - Also allows children to feel better about the results of the meeting if they were a part of it.
 - Remember it is a child and family team meeting. Don't have to let them get their way all the time, but don't make them feel that their lives are totally out of their control.
 - What about younger children – are they coming?
 - Some are, usually leave it to the discretion of the worker who knows them more than anyone else involved in the case. If they do, then sometimes have the child only in there for part of the meetings, and when they take them out, let them talk when they come back in so that they don't feel excluded.
 - Give the child options. Can leave at any time, and also if they want to share something but don't want to say it, can have someone speak for them (that they have talked to before) or have the child write things down and select someone to read it for the child, or make a tape.
 - May have a larger CFT for everyone, and then have a mini one for the child and parents and their therapists.
 - How do we get the younger children there? Through discussions and preparation.
 - Need to acknowledge that the children hear about these meetings from their family. Sometimes what they hear is likely worse than the actual meetings so having them there actually resolves fear and concerns.
- Questions about particular situations where do you still have to have a CFT?
 - One, if a family is very engaged, and they are doing everything from the get-go do you have to have a plan?
 - Yes, policy says you have to have it. If SW met with the family and developed a plan, that may have been a CFT in and of itself!! Just because there were no community people, it can still be a CFT. The purpose of the meeting (partnering and developing a plan in a manner that the family felt comfortable) happened.

The first CFT is often a bit different, because often, the family has little supports, they may have only come to a referral intake appointment and don't have rapport with those folks yet. Some counties have a service provider come to the CFT to explain their services.

- Case by case situation, according to others in the room. Depends on the specific situation of the family. You can use the first one to develop who needs to be there at the next one.
- May want to do this type of one while you are still in the assessment phase (like a baby or mini-CFT). SW knows before

- case decision if the case will be going into case management. Then you can have an “official” one with community supports after case goes into 215 and the family knows what to expect.
 - The problem here is that if we establish a definition for the first one that allows for only SW and family, that will become the standard.
 - Second, if there is a pending court decision to place the child with someone else in the family do you have to have one because of the 30 day deadline but the court date is upcoming. The extended family members are the ones that are going to court seeking custody.
 - This is not an agency court date, therefore DSS needs to follow policy and continue as if the court date was not happening. Therefore have a CFT.
- What is the minimum documentation?
 - Case plan developed and reviewed
 - Use of a facilitator if applicable
 - Who was there? (all service providers)
 - Family strengths were discussed.
 - Structured Decision Making & Risk re-Assessment tools
 - When the SW does them with families, found that the family gets mad because you get “counted off” if you are a young mother, or have had malicious reports, etc.
 - Yes, but you are going to mark those things anyway, so isn't it better to do them with the family so that family knows? Holly has pointed out that you can't get to moderate on demographics alone, and you can close some moderate risk cases if the other issues were not safety issues and the demographics is what pushed them over the edge.
 - Even if you can't come to an agreement with the family on the scores of the risk assessments, you as the social worker are the final determination. Social workers have a mandate from the General Assembly to look out for the safety and well being of children.
 - Request that the Division add signature places on all of these forms, not just the safety assessments. At this point, the Division wants you to complete the tools with the family, but they are not required to do so. Counties felt that if there was a signature line that workers would be more likely to do it. However, there are circumstances that are not conducive to having the family sign it.
- Current policy around CFT in DV cases is being updated. Always remember that we will have provisions for safety. We will never ask you to put a family member at risk to adhere to policy.

Collaboration

Work First

- This will give you the biggest bang for your buck.
- Remember that there are a lot of things that WF can offer besides a monthly check. Even if the family is not getting a WF check when you start the

- assessment if there are poverty issues, WF might be able to help. Try it – they may be able to offer some kind of supportive services.
- What does this documentation need to look like? How will we know that you collaborated?
 - Must identify who Sally is. CFSR or anyone else will not know that Sally is a work first worker.
 - Documentation of conversations with WF about services provided.
 - Documentation needs to say the same thing as the forms that are a part of the WF record.
 - Continue to talk throughout life of case.
 - Joint home visits if possible.
 - Joint or at least agreeing case plans.
 - Indicate if they are collaterals, some counties have them as required collaterals. Different ways to check on this for each county.
 - Have had WF workers come to CPS staffings and other meetings as they are able.
 - Rutherford – not only does the WF worker go to on home visits, but CPS workers participate in a WF intake.
 - Need to understand each other. WF feels like CPS can come and go when they want to and they are stuck to a rigid schedule, CPS feels like all WF has to do is sit at their desk and they get to leave at 5. Need to understand the things that the other does to understand why schedules may be different, as well and other things.

What are folks doing around Services Recommended?

- Rutherford WF is getting Services Recommended cases.
- Want to make clear that this means you do actually go out and introduce the service. There is a 7 day visit required for you to present the service. If you hand the client the information and they say “thanks, I got it now” you can walk away. But if the client says they are nervous about going to the service and they want the SW to go with them or something, you need to figure out how you are going to go with them. You don’t want to hand them a piece of paper and then walk away and not help them. That is not the image we want to present to the community.
- Up to the agency to figure out how you will pay for this time. (122)

Collaboration with Law Enforcement

- Most counties that have them in this group had them long before MRS.